

EDI Advisory

December 10, 2004

This document contains links to files in Portable Document Format (PDF). You will need Adobe Acrobat Reader to download these PDF files. **[Select this link to install Acrobat Reader.](#)**

Policy change regarding the filing of paper subsequent reports

In a public hearing on May 12, 2004, the Nebraska Workers' Compensation Court amended Rule 30 of its Rules of Procedure to require all subsequent reports filed by or on behalf of an insurance carrier, risk management pool, or self-insured employer to be filed electronically with the court no later than October 1, 2004, unless an implementation plan was approved by the court prior to that date.

All trading partners should advise their attorneys of this policy change. Trading partners who have been granted an extension by the court may continue to have their attorneys file paper subsequent reports in Lump Sum Settlement cases during the extension period. After that time, all paper subsequent reports received from an attorney will be forwarded to the trading partner for electronic submission. The purpose of this policy change is to stop duplicate filings of subsequent reports, guarantee that the court's database matches payment information in the payors system, and bring all parties into compliance with Rule 30.

Questions may be directed to the court's EDI Business Contact, Su Davis, at 800-599-5155.

Nonstandard Employment Status Codes

Our staff recently discovered that the court is out of standard with respect to the Employment Status Code (DN 58). There are two sets of codes published in the R1 Guide: the flat file set uses one character (e.g., '1' for Full Time), and the ANSI set uses two characters (e.g., 'FT' for Full Time). Previously the court has accepted both sets, but only the flat file set is valid.

Whenever possible, advance notice of at least 90 days will be given for trading partners to implement EDI data element changes. Effective March 10, 2005, the Nebraska Workers' Compensation Court will accept with errors (TE) the Employment Status Code if the data element does not contain the proper value as defined in the IAIABC R1 standards. The incorrect codes have been removed from the court's FROI Implementation Guide. Also, the court will internally correct all nonstandard codes filed prior to March 1, 2005 so that historical changes will not need to be submitted by the impacted trading partners.

Amendments to FROI Implementation Guide

Select the following link to download the current **[FROI Implementation Guide PDF \(3.5 KB\).](#)**

Page 25, Cause of Injury Codes: The following codes have been added:

88. Natural Disasters

91. Mold

96. Terrorism

Page 29-33, EDI Trading Partner Profile: The EDI Trading Partner Profile section of the guide has been updated based on the 2004 version of the IAIABC EDI Trading Partner Profile. The Instructions and Insurer ID Listing have been updated as well. Note: The fields of the secure electronic version of the profile on the court's Web site have also been updated to match the paper version.

Page 53, Edit Matrix Table: An 'R' has been added to the intersections of DN5 and Error Messages 1 and 39. Also, an 'E' was added to the intersection of DN 58 and Error Message 58.

Amendments to SROI Implementation Guide

Select the following link to download the current SROI [Implementation Guide PDF \(2.0 KB\)](#).

Page 8, Paid-To-Date Codes: Reduced Earnings (RE) codes are not accepted at this time, therefore two rows of 600-series codes have been removed.

Page 17, Payment/Adjustment Element Requirements Table: This table has been updated to reflect that Reduced Earnings (RE) codes are not accepted at this time.

Page 18, Edit Matrix Table: An 'R' has been added to the intersections of DN5 and Error Messages 1 and 39.

EDI Advisory

September 16, 2004

This document contains links to files in Portable Document Format (PDF). You will need Adobe Acrobat Reader to download these PDF files. **Select this link to install Acrobat Reader.**

Proof of Coverage information to be filed electronically

By way of this EDI Advisory, the Nebraska Workers' Compensation Court is announcing that we will require Proof of Coverage information to be electronically filed with the court within the first quarter of 2005; a definite implementation date has not yet been determined. The court will accept the electronic filing of Proof of Coverage (EDI POC) information from insurance companies, either directly with the court, or by way of approved vendors who have been certified by the court. A Nebraska EDI POC Implementation Guide, a list of approved vendors, and the implementation date will be announced in the near future. Please continue to watch for future EDI Advisories on each of these issues. If you have further questions please contact the court's EDI POC Business Contact, Allen Kassebaum, at 800-599-5155.

Claims correction for FROI Postal Code of Injury Site

Regarding an edit to the FROI Postal Code of Injury Site (previously announced in the EDI Advisory of August 22, 2003), the court has identified the following corrections:

- United States postal codes are either 9 numeric digits or 5 numeric digits and 4 spaces. Do not include dashes.
- In the very rare instance of an injury that did not occur in the United States, the sender will be allowed to enter "NOT USA" (in the previous EDI Advisory, this was incorrectly shown with an extraneous period).
- Do not enter city or county names or any other special characters.
- An "R" was added to the Edit Matrix Table at the intersection of Error Message #42 and Data Element #33 to return a not statutorily valid message. This was inadvertently omitted from previous versions of the table. Select the following link to download corrected Edit Matrix Table in the current **FROI Implementation Guide.**

Senders who need assistance in determining which postal code to use can call the Nebraska Workers' Compensation Court's toll-free information line at 800-599-5155.

EDI Advisory

August 1, 2004

This document contains links to files in Portable Document Format (PDF). You will need Adobe Acrobat Reader to download these PDF files. **Select this link to install Acrobat Reader.**

New Agency Claim Number edits effective November 1, 2004

Whenever possible, advance notice of at least 90 days will be given for trading partners to implement EDI data element changes. Effective November 1, 2004, the Nebraska Workers' Compensation Court will reject the Agency Claim Number data element (which was previously treated as an optional field) if the following requirements are not met:

- The Agency Claim Number is required on **all non-original** FROI transactions 01, 02, 04, CO, AU.
- The Agency Claim Number is required on **all** SROI transactions IP, AP, PY, 02, 04, CO, SA, S8, FN, RB.
- The Agency Claim Number should **not** be present on the 00, 04 and AU if it is an **original** transaction.

Claims Search database

As mentioned in the previous Advisory Notice dated 05/24/2004, a Claims Search database is available to assist the court's trading partners with electronic filing of subsequent reports. For example, if a trading partner is preparing to file a subsequent report and doesn't know the agency claim number, an approved user can search for the first report filed on the case, which will include the assigned agency claim number. The court's Rule 30, Subsequent Report, provides for mandatory electronic filing of subsequent reports beginning no later than October 1, 2004. To learn how to become approved for access to this database, select the following link: **<http://www.nol.org/workcomp/edi/guardian.htm>**.

Correction to 04/01/2003 EDI Advisory

Please note that in the 04/01/2003 EDI Advisory, the FAQ regarding future end dates has been corrected so that the MTC effective date is the **current date**. Following is the corrected text of the FAQ:

Q: *Is it possible to report payments with a future end date?*

A: Yes, but there are two different scenarios that will be applied:

1. If you are filing an FN MTC, then you may report payments with a future end date; however, the end date will be given an edit check of seven years. If the end date is greater than seven years from the current date, then a TR will be returned.
2. For all other MTCs, a future end date will be allowed, but the end date will carry a 180-day edit check. If the end date is greater than 180 days from the current date, then a TR will be returned. Please contact the court if you have further questions.

Please Note: The court will use a UR MTC transaction at the time a trading partner begins sending EDI subsequent reports. Future end dates will be allowed on UR transactions, the same as the FN transaction above. If there are any questions about the UR transaction they should be resolved prior to being certified for EDI subsequent report transactions.

Amendments to FROI Implementation Guide

Select the following link to download the current **FROI Implementation Guide**.

Page 48, Element Requirements Table: Agency Claim Number (DN 0005) is required on **all non-original** FROI transactions 01, 02, 04, CO, AU. Also, the Claims Administrator Claim Number (DN015) field was corrected to show that it is a mandatory field.

Page 51, Addendum to Element Requirements Table: The section referring to the Claims Administrator Claim Number has been updated to read as follows: "Self-insured, self-administered employers should populate this field with the date of injury. For example, "08012004"."

Page 60, Stage Three: Production: The paragraph regarding paper first reports ("At this time, the NWCC will only accept EDI FROI submitted by the Trading Partner") has been removed since subsequent report information is now accepted.

Amendments to SROI Implementation Guide

Select the following link to download the current **[SROI Implementation Guide](#)**.

Page 15, Element Requirements Table: Agency Claim Number (DN 0005) is required on **all** SROI transactions (IP, AP, PY, 02, 04, CO, SA, S8, FN, RB). Also, the table has been updated to include the S8 and RB sections, which were inadvertently omitted in previous versions.

Page 29, Certification Test Procedure Instructions: Section 1, b is updated to read "One (1) Original acquired transaction MTC 'AU' without agency claim number."

Page 35, Frequently Asked Questions: The text of a new FAQ regarding IPs and PYs follows:

Q: *If we are paying indemnity benefits and trigger the IP, does a PY also need to be triggered also so that medical payments can be documented? Or will that be caught on the semi-annual report? For example, if we pay indemnity benefits right away and do not pay medical bills until two weeks later, the IP should have been triggered for the indemnity benefits. Does a PY then need to be triggered for medical payments?*

A: An IP is made to report the first payment of benefits which may include indemnity and non-indemnity (medical). The SA is a periodic report which includes all payment totals for both indemnity and non-indemnity compensation benefits. In your example, you do not need to submit a PY for the medical bill, but would have to report that medical bill along with the initial payment on an SA (accumulated total of payments made).

EDI Advisory

May 25, 2004

This document contains links to files in Portable Document Format (PDF). You will need Adobe Acrobat Reader to download these PDF files. **[Select this link to install Acrobat Reader.](#)**

Rule 30 amended to provide for electronic filing of subsequent reports

On May 12, 2004, the Nebraska Workers' Compensation Court adopted an amendment to its Rule 30, Subsequent Report, that provides for mandatory electronic filing of subsequent reports. Following is the text of Rule 30:

Rule 30

Subsequent Report

- A. A Subsequent Report shall be filed with the court by the employer or its insurer or risk management pool. Such Subsequent Report shall be filed:
 - 1. Within fourteen days following initial payment of workers' compensation benefits. A report must be filed even in cases where only medical or other non-income benefit payments have been made.
 - 2. Within fourteen days following the denial of a claim or a change to a previous report.
 - 3. On the semi-annual anniversary of the date of injury, and every 180 days thereafter until the case is closed.
 - 4. Within fourteen working days following the closing of any case for which benefits have been paid.
 - 5. Within fourteen days following payment pursuant to a final order, award, or judgment of the court, including an order approving a lump sum settlement or settlement agreement.
 - 6. Within 30 days of receipt from the court of a notice of error and request for correction of a previously filed Subsequent Report.
- B. On all Subsequent Reports filed with the court, cumulative weekly, medical, hospital, vocational rehabilitation and other benefit payments shall be included.
- C. For cases in which the employer has continued to pay full salary, any portion of the full salary payment that was intended to apply to workers' compensation benefits shall be reported in accordance with this rule.
- D. The Subsequent Report shall be filed in writing or by electronic means, if such electronic means and the content of the electronic filing is approved by the court. Written reports shall be made by means of the Subsequent Report (Form 4), an exact copy of which appears on the two pages following this rule. Facsimile copies will not be accepted. Blank forms for written reports are furnished by the court upon request.
- E. Beginning no later than October 1, 2004, all Subsequent Reports filed by or on behalf of an insurer, risk management pool, or self insured employer shall be filed electronically in the form and manner and to include the content prescribed by the compensation court. In the alternative, an implementation plan shall be approved by the court no later than October 1, 2004. No report filed by electronic means shall be deemed filed until the electronic transmission has been received and accepted by the court.

Sections 48-144, 48-165, R.R.S. 1998, and 48-163, R.S. Supp., 2002.

Effective date May 12, 2004.

Claims Search database available to assist trading partners with mandatory electronic SROI filings

A Claims Search database is available to assist the court's trading partners with electronic filing of subsequent reports. For example, if a trading partner is preparing to file a subsequent report and doesn't know the agency claim number, an approved user can search for the first report filed on the case, which will include the assigned agency claim number. The court's Rule 30, Subsequent Report, provides for mandatory electronic filing of subsequent reports beginning no later than October 1, 2004. To learn how to become approved for access to this database, select the following link: <http://www.nol.org/workcomp/edi/guardian.htm>.

Incorrectly completed FROI mandatory fields

Previously, when the following FROI mandatory fields were not reported, or were reported incorrectly, the court would accept the transaction with errors (TE):

- Insurer FEIN (DN 0006). **Note:** Third Party Administrator FEIN (DN 0008) is a Conditional field.
- Insurer Name (DN 0007)
- Claim Administrator Address Line 1 (DN 0010)
- Claim Administrator City (DN 0012)
- Claim Administrator State (DN 0013)
- Claim Administrator Claim Number (DN 0015)
- Employee Date of Birth (DN052)

The court will remove the edits that allowed TEs on mandatory fields in order to follow national standards within the next 30 days. Once the court has implemented this change, any mandatory fields not correctly reported will result in a rejected transaction (TR). Failure to follow up on rejections will be monitored internally and claim administrators will be contacted should there be questions related to a claim.

Note: Do not use "Discover RE" for the Insurer Name (DN 0007). Use the name of the insurance company that was originally responsible for handling the claim.

Amendments to FROI Implementation Guide

Select the following link to download the current [**FROI Implementation Guide**](#).

Page 6, EDI Implementation Guidelines - General: In the section entitled "How do I get started," the second paragraph has been updated to read: "It is recommended that you obtain the IAIABC FROI/SROI Release 1 Implementation Guide as your first step toward implementing EDI reporting. This publication is a technical manual available through the IAIABC at http://www.iaiaabc.org/EDI/implementation_guide_index.htm. Be sure to choose Claims R1.0 and any available update pages. The Guide contains the standard data dictionary, a multi-segmented flat file layout useful for designing your database interface, examples and sample data transmissions and other valuable information about the business, and technical specifications for workers' compensation EDI." Also, the paragraph regarding EDI costs has been removed from this section.

Page 8, Suggested Review of Business Processes: The following bulleted item was removed: "Determine if changes to paper (hard-copy) forms are needed to become in alignment with the national standards adopted by NWCC."

Page 12, EDI Implementation Guidelines - General: The section entitled "**Subsequent Report of Injury (SROI)**" that followed the section entitled "Programming" has been removed.

Page 17, EDI Implementation Guidelines - Nebraska Specific: The section entitled "**Crosswalk of NWCC Form 1 and EDI First Report**" that followed the section entitled "Required Data Element Definitions and Values" has been removed.

Page 48, Element Requirements Table: The Gender Code (DN 0053) is now an **optional** field.

Page 51, Addendum to Element Requirements Table: Gender is now optional.

Page 52, Edit Matrix Table Usage Instructions: Second paragraph is updated to read, "Those elements with 'E' or 'R' on the coordinate are edits the NWCC has implemented."

Page 53, Edit Matrix Table: Element number 100, No Leading/Imbedded Spaces, is added. Also, non-standard error messages 69 through 73 were removed. *Please Note:* TE edits were removed on optional fields.

Page 55, Addendum to Edit Matrix Table: The paragraph regarding the accepting with error (TE) of an invalid SIC Code has been removed.

Amendments to SROI Implementation Guide

Select the following link to download the current **[SROI Implementation Guide](#)**.

Page 3, Maintenance Type Codes (MTC): Reinstatement of Benefits (RB) was inadvertently omitted from the MTC listing in last version of the SROI Implementation Guide. It has now been added.

Page 5, Filing Requirements: The text from the **11/30/2001 EDI Advisory** has been replaced with selected text from this EDI Advisory. Also, all reference to paper filing, including the **Crosswalk of NWCC Form 4 and EDI Subsequent Report**, has been removed.

Page 13, Event Table: Initial Payment (IP) and Acquired Payment (AP) fields were incorrectly shown as being in test mode. The table has been corrected to show that they are in production mode.

Page 15, Element Requirements Table: Agency Claim Number (DN 0005) is now an **optional** field.

Page 17, Payment Adjustment Element Requirements Table: Employer's Liability (DN 080), Compromised Employer Paid (DN 524), and Compromised Employer's Liability (DN 580) are **not statutorily valid**.

Page 18, Edit Matrix Table: Element number 100, No Leading/Imbedded Spaces, is added. *Please Note:* TE edits were removed on optional fields.

Page 21, Transaction Sequencing: Add Reinstatement of Benefits (RB) MTC. Must match an existing First Report; must follow FN.

Page 25, Scenario 3: PY - SUBS (Non-Indemnity Payment Report With Lost Work Days): In the scenario narrative, the date for light duty return to work is changed to 01/08/2000 and the payment report transmit date is changed to 02/20/2000.